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Bib Data Sheet

|                             |                                       |              |                        |                                |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/676,319 | FILING DATE<br>10/01/2003<br><br>RULE | CLASS<br>415 | GROUP ART UNIT<br>3745 | ATTORNEY DOCKET NO.<br>68.0415 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

JK howe

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

F REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/22/2003

|  |  |                           |                        |                       |                           |
|--|--|---------------------------|------------------------|-----------------------|---------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>39 | INDEPENDEN<br>CLAIMS<br>7 |
|--|--|---------------------------|------------------------|-----------------------|---------------------------|

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## TITLE

Stage pump having composite components

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1456 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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